

Surles
11/13/4

TSS QAS REVIEW SHEET

Serial #

10/643.127

Issue Processing

Did review identify any AIA issues?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	n/a
Issue Processing	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	n/a
2010 AIA	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	n/a

JACKET / ISSUE CLASSIFICATION SHEET

Primary Examiner box complete	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	n/a
Issuing Classification complete	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	n/a

PTO-892/1449

Examiner's initials or cross-through lines supplied for each item cited by applicant	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	n/a
Date(s) supplied/complete on all PTO-1449/892 sheets (Month and year required)	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	n/a
Brief description of drawings includes description of each figure in drawings	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	n/a
Continuing data mentioned in 1st paragraph (can be an insert)	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	n/a

CLAIMS

Claims listed on Notice of Allowability match allowed claims and/or index of claims	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	n/a
Claims correctly numbered in index. (No duplicate or missing claim numbers. And no incorrect dependencies)	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	n/a
One sheet of complete claims	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	n/a

RAM FEES

Amount Actually Charged	<input type="text"/>	Amount that Should Have Been Charged	<input type="text"/>
<input type="checkbox"/> Examiner's amendment Check box if applicable			

CRFE-COMPUTER READABLE FORM

If necessary (biological sequence listing)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	n/a
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NOTICE OF ALLOWABILITY

If drawing is present, either Box No. 3 (drawings accepted) or Box No. 6 (corrected drawing request) has been checked	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	n/a
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INITIALED BIB SHEET

Initialed Bib sheet is present	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	n/a
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REVIEWER COMMENTS

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